

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWAS STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (Middle) TELEPHONE KEZACHEK 808-524 MAILING ADDRESS (Street) 808-529 LUNALILO ST., SUITE 1107 (City) (State) (Zip Code) HONOLULU EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE EZACHEK SSOCIATES MAILING ADDRESS (Street) LUNALILO ST., SUITE 1107 (State) 96813 HONOLULU

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FO	R (Do not abbreviate)	110	TELEPHONE
HONDLULU SEAW	ATER AIR COI	NDITONING	808-543-2024
MAILING ADDRESS (Street) 7 WATERFRONT 500 ALA MOA	- PLAZA, SU UA BOULEV	ITE 400 ARD	808-543-2010
(City)	(State)	(Zip C	ode)
HONOLULU	HI	968	313
NAME OF PERSON RESPONSIBLE FOR PREPA	RING ORGANIZATION'S EXPENDIT	TURES STATEMENT	TELEPHONE
MATT MATS	ADANA		808-523-2551
MAILING ADDRESS (Street) CARUSMITH BA	L LLP = 2200, 1001	BISHOP ST.	FAX 808-523-0842
(City)	(State)	(Zip C	ode)
HONOLULU			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV SERTIFICATION OF					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
(Signature of Lobbyist) (Date)					
CRADTY AUTHORITATION TO LODDY					
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
WILLIAM MA		HIEF OPERATIO	****		
NAME OF ORGANIZATION (if applicab			PHONE		
[' -		TIONING LLC 8	08-543-2029		
MAILING ADDRESS (Street) MATER FRONT	PLAZA, SUIT	E 400 FAX	18-543-2010		
500 ALA MOA	INA BOULEVI	AICD 0	75 75 2010		
(City)	(State)	(Zip Code)			
HONOLULU	HI	46813			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
UM Mahr 2-15-05					
(Signature of Author	zing Officer or Person Represented	i) (D	ate)		